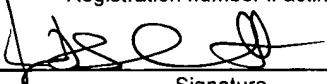




Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		200309882-1
Application Number 10/814,302		Filed April 1, 2004
For System and Method for Blending Imaging Into a Panoramic Image		
Art Unit 2624		Examiner Mia M. Thomas
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	Fee	Small Entity Fee
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____ I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input type="checkbox"/> attorney or agent of record. Registration Number _____		
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 39,833		
		Signature
		5/23/08
		Date
James D. Shaurette		509-624-4276
Typed or printed name		Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of 1 forms are submitted.		

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.
Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEET TRANSMITTAL
For FY 2008** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)
120.00**Complete if Known**

Application Number	10/814,302
Filing Date	April 1, 2004
First Named Inventor	D. Amnon Silverstein et al.
Examiner Name	Mia M. Thomas
Art Unit	2624
Attorney Docket No.	PDNO. 200309882-1

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
	- 20 or HP =	x	=	<u>Fee (\$)</u>	<u>Fee (\$)</u>	
				HP = highest number of total claims paid for, if greater than 20.	50	25

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 3 or HP =	x	=		
				HP = highest number of independent claims paid for, if greater than 3.	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =		/ 50 = (round up to a whole number) x		=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

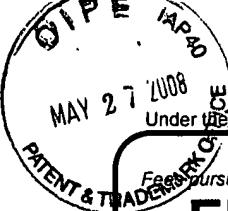
Other (e.g., late filing surcharge): Request for Extension (1 month) \$120.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 39,833	Telephone 509/624-4276
Name (Print/Type)	James D. Shaurette	Date	5/23/08

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

120.00

Complete if Known

Application Number	10/814,302
Filing Date	April 1, 2004
First Named Inventor	D. Amnon Silverstein et al.
Examiner Name	Mia M. Thomas
Art Unit	2624
Attorney Docket No.	PDNO. 200309882-1

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	310	155	510	255	210	105
Design	210	105	100	50	130	65
Plant	210	105	310	155	160	80
Reissue	310	155	510	255	620	310
Provisional	210	105	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**Each claim over 20 (including Reissues) Fee (\$)
50 Fee (\$)
25Each independent claim over 3 (including Reissues) Fee (\$)
210 Fee (\$)
105Multiple dependent claims Fee (\$)
370 Fee (\$)
185

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>

- 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

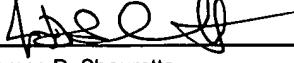
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<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 = <input type="text"/>	/ 50 = <input type="text"/>	(round up to a whole number) x <input type="text"/> = <input type="text"/>		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Extension (1 month) \$120.00**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 39,833	Telephone 509/624-4276
Name (Print/Type)	James D. Shaurette		Date 5/23/08

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